Docket No.:

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence; post office and citizenship are as stated below next to my name.

| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought on | | | |
|---|--|--|--|
| the invention entitled LIQUID CRYSTAL DISPLAY AND LIGHT SOURCE DEVICE THEREOF | | | |
| the specification of which [X] is attached hereto [] was filled on as Application Serial No and was amended on (if applicable). | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. | | | |
| I acknowledge the duty to disclose information which is known to me to be material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56. | | | |
| I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: | | | |
| Prior Foreign Application(s): Priority Claimed | | | |
| Number Country Day/Month/Year filed Yes No | | | |
| | | | |
| 092109314 Taiwan 18/4/2003 X | | | |
| 092109314 Taiwan 18/4/2003 X I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below. | | | |
| | | | |
| I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below. | | | |

Prior U. S. Application(s):

Serial No. Filing Date Status: Patented, Pending, Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorney(s) and/or agent(s): Allan M. Lowe, Reg. No. 19,641; Benjamin J. Hauptman, Reg. No. 29,310; Israel Gopstein, Reg. No. 27,333; Kenneth M. Berner, Reg. No. 37,093; Michael G. Gilman, Reg. No. 19,114; Albert J. Fasulo II, Reg. No. 43,607; and Randy Noranbrock, Reg No. 42,940, all of

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with full power of substitution and revocation, to prosecute this application and to transact all business in the patent and Trademark Office connected therewith, and all future correspondence should be addressed to them.

| Full name of sole or first inventor: Hung Chen KAO | • | |
|---|---------------------------------------|---------------------------------------|
| Inventor's signature: Hung-Chem kno | Date: | October 7, 2003 |
| Residence: 1F1., No.19, Alley 15, Lane 90, Sec. 6, Minchiuan E. R | <u></u> | |
| Citizenship: Taiwan, R.O.C. | | |
| Post Office Address: Same as residence | | |
| Full page of second is intingental. | | |
| Full name of second joint inventor: | | |
| Inventor's signature: | Date: | |
| Residence: | | |
| Citizenship: | · · · · · · · · · · · · · · · · · · · | |
| Post Office Address: | | |
| Full name of third joint inventor: | | |
| Inventor's signature: | Date: | |
| Residence: | | |
| Citizenship: | | |
| Post Office Address: | | |
| Full name of fourth joint inventor: | | |
| Inventor's signature: | Date: | |
| Residence: | | |
| Citizenship: | | |
| Post Office Address: | | |
| Full name of fifth joint inventor: | | |
| Inventor's signature: | Date: | |
| Residence: | T | |
| Citizenship: | | · · · · · · · · · · · · · · · · · · · |
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